

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 12846

☐ Check if different than previously reported. (ACC)

Austin

TX

78711

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358903

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

01

2016

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Heyde

Signature of Treasurer

Meredith Heyde

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">407568.95</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">420688.43</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">54098.60</span>	<span style="border: 1px solid black; padding: 2px;">161128.08</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">474787.03</span>	<span style="border: 1px solid black; padding: 2px;">568697.03</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">3750.00</span>	<span style="border: 1px solid black; padding: 2px;">97660.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">471037.03</span>	<span style="border: 1px solid black; padding: 2px;">471037.03</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

### AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 06 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

19486.00

39735.00

(ii) Unitemized .....

34596.00

121292.51

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

54082.00

161027.51

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

54082.00

161027.51

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

16.60

100.57

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

54098.60

161128.08

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

54098.60

161128.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	95500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	250.00	2160.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3750.00	97660.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3750.00	97660.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	54082.00	161027.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54082.00	161027.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Laura Anderson**

Mailing Address 28 Old Fort Ln

City

Dunbarton

State

NH

Zip Code

03046-4722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anderson Family Healthcare

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347898

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Laura Anderson**

Mailing Address 28 Old Fort Ln

City

Dunbarton

State

NH

Zip Code

03046-4722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anderson Family Healthcare

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347899

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robin Arends**

Mailing Address 7005 S Mustang Ave

City

Sioux Falls

State

SD

Zip Code

57108-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : C3347225

Amount of Each Receipt this Period

130.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Deanna Babb**

Mailing Address 2701 Ivy Dr

City State Zip Code  
 Great Falls MT 59404-3645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Missouri River Healthcare

Occupation  
 NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : C3347184**

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City State Zip Code  
 Richfield OH 44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Akron General Medical Center

Occupation  
 APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2016

**Transaction ID : C3347355**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City State Zip Code  
 Richfield OH 44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Akron General Medical Center

Occupation  
 APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C3347354**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City

Richfield

State

OH

Zip Code

44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

APRN Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 24 / 2016

Transaction ID : C3347227

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

06 / 21 / 2016

Transaction ID : C3347397

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Elizabeth Barker**

Mailing Address 6401 Wynwright Dr

City

Dublin

State

OH

Zip Code

43016-8260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Health Connections

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2016

Transaction ID : C3347371

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Elizabeth Barker

Mailing Address 6401 Wynwright Dr

City State Zip Code  
 Dublin OH 43016-8260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Health Connections

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : C3347372

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Judith Berg

Mailing Address 800 the Mark Ln  
 Unit 2901

City State Zip Code  
 San Diego CA 92101-7173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : C3347763

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tina Bettin

Mailing Address 509 Hillcrest Dr

City State Zip Code  
 Marion WI 54950-8515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Theda Care Physicians

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : C3347247

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard Brown**

Mailing Address 4924 Branch Mill Cir

City

Mountain Brk

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : C3347733**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Melissa Christiansen**

Mailing Address 26481 Conestoga Ct

City

Menifee

State

CA

Zip Code

92586-3457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Medical Clinic

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : C3347784**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Melissa Christiansen**

Mailing Address 26481 Conestoga Ct

City

Menifee

State

CA

Zip Code

92586-3457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Medical Clinic

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

**Transaction ID : C3347403**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

550.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cynthia Cobb**

Mailing Address 500 Juliette Pl

City

Lafayette

State

LA

Zip Code

70506-4571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allure Enhancement Center

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2016

Transaction ID : C3347929

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Donna Coimbra-Emanuele**

Mailing Address 6428 Valmont St

City

Tujunga

State

CA

Zip Code

91042-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC Verdugo Hill Hospital

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2016

Transaction ID : C3347329

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Donna Coimbra-Emanuele**

Mailing Address 6428 Valmont St

City

Tujunga

State

CA

Zip Code

91042-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC Verdugo Hill Hospital

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2016

Transaction ID : C3347330

Amount of Each Receipt this Period

65.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1090.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cindy Cooke**

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

06 / 04 / 2016

Transaction ID : C3347369

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas Cooper**

Mailing Address 245 William Rd

City

Piperton

State

TN

Zip Code

38017-5043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pondera Medical Center

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347283

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kahlil Demonbreun**

Mailing Address 1020 Wedgewood Rd

City

Orangeburg

State

SC

Zip Code

29118-4073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veteran Affairs

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347560

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Deborah Dixon**

Mailing Address 113 Pagoda Dr

City

Monroeville

State

PA

Zip Code

15146-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC Senior Care

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347284

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elizabeth Ellis**

Mailing Address 4308 County Road 126

City

Bedias

State

TX

Zip Code

77831-9506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hermann Hospital

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 20 / 2016

Transaction ID : C3347361

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Elizabeth Ellis**

Mailing Address 4308 County Road 126

City

Bedias

State

TX

Zip Code

77831-9506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hermann Hospital

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 20 / 2016

Transaction ID : C3347362

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

### A. Erin Files

Mailing Address 1232 Abberly Cir

City

Arcadia

State

OK

Zip Code

73007-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Encompass Wellness and Aesthetics

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2016

Transaction ID : C3347699

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. Claudette Graham

Mailing Address 7050 SW 28th St

City

Miramar

State

FL

Zip Code

33023-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 25 / 2016

Transaction ID : C3347167

Amount of Each Receipt this Period

290.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### C. Margaret Graham

Mailing Address 5826 Heritage Lakes Dr

City

Hilliard

State

OH

Zip Code

43026-7617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 15 / 2016

Transaction ID : C3347387

Amount of Each Receipt this Period

260.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Beth Haney**

Mailing Address 6042 Foxfield Ln

City

Yorba Linda

State

CA

Zip Code

92886-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Luxe Aesthetic Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

06 / 20 / 2016

Transaction ID : C3347336

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Beth Haney**

Mailing Address 6042 Foxfield Ln

City

Yorba Linda

State

CA

Zip Code

92886-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Luxe Aesthetic Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

06 / 24 / 2016

Transaction ID : C3347185

Amount of Each Receipt this Period

501.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Gayle Harrell**

Mailing Address 1260 Barker Rd

City

Pelahatchie

State

MS

Zip Code

39145-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Wound Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

06 / 25 / 2016

Transaction ID : C3347169

Amount of Each Receipt this Period

1150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1716.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kathleen Haycraft**

Mailing Address 300 Lovers Leap Rd

City

Hannibal

State

MO

Zip Code

63401-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSIDE DERMATOLOGY

Occupation

FNP, DCNP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

06 / 22 / 2016

Transaction ID : C3347332

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kathleen Haycraft**

Mailing Address 300 Lovers Leap Rd

City

Hannibal

State

MO

Zip Code

63401-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSIDE DERMATOLOGY

Occupation

FNP, DCNP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

06 / 25 / 2016

Transaction ID : C3347742

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Meredith Heyde**

Mailing Address 105 Quail Ridge Dr

City

Simpsonville

State

SC

Zip Code

29680-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum/United Health Group

Occupation

FNP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

06 / 21 / 2016

Transaction ID : C3347404

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Amelie Hollier**

Mailing Address 103 Darwin Cir

City

Lafayette

State

LA

Zip Code

70508-7110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APEA

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

06 / 25 / 2016

**Transaction ID : C3347133**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Douglas Houghton**

Mailing Address 400 NE 28th St

City

Wilton Manors

State

FL

Zip Code

33334-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson Health System

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

06 / 25 / 2016

**Transaction ID : C3347861**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jane Jacobson**

Mailing Address 1480 Olympic Heights Ln

City

Freeland

State

WA

Zip Code

98249-9693

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ferry County Memorial Hospital

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 23 / 2016

**Transaction ID : C3347824**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2790.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Jane Jacobson

Mailing Address 1480 Olympic Heights Ln

City

Freeland

State

WA

Zip Code

98249-9693

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ferry County Memorial Hospital

Occupation

NP

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : C3347183

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julia James

Mailing Address PO Box 127

129 S Main St

City

Clio

State

SC

Zip Code

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clio Health

Occupation

FNP

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : C3347782

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Julia James

Mailing Address PO Box 127

129 S Main St

City

Clio

State

SC

Zip Code

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clio Health

Occupation

FNP

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : C3347186

Amount of Each Receipt this Period

700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1040.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2016

**Transaction ID : C3347166**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Penny Jensen**

Mailing Address 2461 E Kensington Ave

City

State

Zip Code

Salt Lake City

UT

84108-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Utah

Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : C3347758**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jill Johnson**

Mailing Address 1420 Saddle Club Way

City

State

Zip Code

Lexington

KY

40504-1696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Walgreens

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2016

**Transaction ID : C3347138**

Amount of Each Receipt this Period

65.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Vonnie Johnson**

Mailing Address PO Box 2479

301 12th St SE

City

Watford City

State

ND

Zip Code

58854-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANOVA Family Health Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : C3347934**

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Vonnie Johnson**

Mailing Address PO Box 2479

301 12th St SE

City

Watford City

State

ND

Zip Code

58854-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANOVA Family Health Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

**Transaction ID : C3347639**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Karen Ketner**

Mailing Address 5877 Pistoia Way

City

San Jose

State

CA

Zip Code

95138-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

**Transaction ID : C3347342**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

245.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Karen Ketner**

Mailing Address 5877 Pistoia Way

City State Zip Code  
San Jose CA 95138-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

**Transaction ID : C3347343**

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michelle Knowles**

Mailing Address 1551 220th Ave

City State Zip Code  
Hays KS 67601-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

APRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

**Transaction ID : C3347291**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michelle Knowles**

Mailing Address 1551 220th Ave

City State Zip Code  
Hays KS 67601-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

APRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

**Transaction ID : C3347228**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Michelle Lavery**

Mailing Address 11 Jennifer Cir

City State Zip Code  
 Billerica MA 01821-3779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lahey Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

**Transaction ID : C3347694**

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Nancy Lawton**

Mailing Address 2289 NE 61st St

City State Zip Code  
 Seattle WA 98115-7016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborcare Health Greenwood

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

**Transaction ID : C3347331**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Sara Legleiter**

Mailing Address 16710 Ontario Plz

City State Zip Code  
 Omaha NE 68130-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHI Health Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : C3347492**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

535.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Colleen Leners**

Mailing Address 3738 Via Del Conquistador

City State Zip Code  
San Diego CA 92117-5741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RWJF

Occupation

Health Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2016

**Transaction ID : C3347739**

Amount of Each Receipt this Period

675.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Lori Lioce**

Mailing Address 5803 Macon Dr SE

City State Zip Code  
Huntsville AL 35802-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama

Occupation

Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

**Transaction ID : C3347422**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Lori Lioce**

Mailing Address 5803 Macon Dr SE

City State Zip Code  
Huntsville AL 35802-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama

Occupation

Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

**Transaction ID : C3347423**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

925.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Frank Manole**

Mailing Address 9200 Leeds Ct

City	State	Zip Code
Raleigh	NC	27615-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Specialty Physicians LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2016

**Transaction ID : C3347427**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Frank Manole**

Mailing Address 9200 Leeds Ct

City	State	Zip Code
Raleigh	NC	27615-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Specialty Physicians LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2016

**Transaction ID : C3347131**

Amount of Each Receipt this Period

145.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lori Martin-Plank**

Mailing Address 90 Ervin Rd

City	State	Zip Code
Pipersville	PA	18947-9391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Hospice

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2016

**Transaction ID : C3347772**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lori Martin-Plank**

Mailing Address 90 Ervin Rd

City

Pipersville

State

PA

Zip Code

18947-9391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Hospice

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

**Transaction ID : C3347294**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kristine Metz**

Mailing Address 7023 Country Beautiful Ln

City

Stevens Point

State

WI

Zip Code

54482-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Michael's Hospital Of Stevens Point

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

**Transaction ID : C3347316**

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kristine Metz**

Mailing Address 7023 Country Beautiful Ln

City

Stevens Point

State

WI

Zip Code

54482-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Michael's Hospital Of Stevens Point

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

**Transaction ID : C3347317**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

180.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kristine Metz**

Mailing Address 7023 Country Beautiful Ln

City

Stevens Point

State

WI

Zip Code

54482-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Michael's Hospital Of Stevens Point

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2016

**Transaction ID : C3347165**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert Metzger**

Mailing Address 3326 Northaven Rd

City

Dallas

State

TX

Zip Code

75229-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkland Health &amp; Hospital Systems

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

**Transaction ID : C3347337**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenneth Miller**Mailing Address 250 Treeline Park  
Apt 606

City

San Antonio

State

TX

Zip Code

78209-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Texas Health Sciences Ce

Occupation

Faculty

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

**Transaction ID : C3347321**

Amount of Each Receipt this Period

90.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kenneth Miller**

Mailing Address 250 Treeline Park  
Apt 606

City State Zip Code  
San Antonio TX 78209-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Texas Health Sciences Ce

Occupation  
Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

**Transaction ID : C3347281**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kenneth Miller**

Mailing Address 250 Treeline Park  
Apt 606

City State Zip Code  
San Antonio TX 78209-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Texas Health Sciences Ce

Occupation  
Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

**Transaction ID : C3347289**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenneth Miller**

Mailing Address 250 Treeline Park  
Apt 606

City State Zip Code  
San Antonio TX 78209-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Texas Health Sciences Ce

Occupation  
Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

**Transaction ID : C3347182**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alison Mitchell**

Mailing Address 4713 Hummingbird St

City

Houston

State

TX

Zip Code

77035-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Houston Methodist Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

06 / 09 / 2016

**Transaction ID : C3347513**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Alison Mitchell**

Mailing Address 4713 Hummingbird St

City

Houston

State

TX

Zip Code

77035-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Houston Methodist Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

06 / 25 / 2016

**Transaction ID : C3347132**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rosalinda Morales**

Mailing Address 3703 County Seat Ln

City

Richmond

State

TX

Zip Code

77469-1683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept. Veterans Affairs

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 24 / 2016

**Transaction ID : C3347757**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lee Moss**

Mailing Address 828 E 17th Ave

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347259

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Peggy O'Donnell**

Mailing Address 1117 Northern Blvd

City

Baldwin

State

NY

Zip Code

11510-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Nassau Communities Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 03 / 2016

Transaction ID : C3347910

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Peggy O'Donnell**

Mailing Address 1117 Northern Blvd

City

Baldwin

State

NY

Zip Code

11510-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Nassau Communities Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347561

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

565.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Carol Patton**

Mailing Address 620 Hill School House Rd

City

Waynesburg

State

PA

Zip Code

15370-7235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drexel University

Occupation

Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

06 / 25 / 2016

Transaction ID : C3347770

Amount of Each Receipt this Period

685.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Cheryl Perry**

Mailing Address 1327 Kelly Rd

City

Alma

State

AR

Zip Code

72921-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Arkansas

Occupation

Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 21 / 2016

Transaction ID : C3347852

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Vanessa Pomarico-Denino**

Mailing Address 286 Cook Hill Rd

City

Wallingford

State

CT

Zip Code

06492-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Medical Group

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347886

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Vanessa Pomarico-Denino**

Mailing Address 286 Cook Hill Rd

City

Wallingford

State

CT

Zip Code

06492-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Medical Group

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 25 / 2016

Transaction ID : C3347885

Amount of Each Receipt this Period

135.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sheri Rickman Patrick**

Mailing Address 1932 Bastona Dr

City

Elk Grove

State

CA

Zip Code

95758-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capitol Family Medical Assoc

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

06 / 21 / 2016

Transaction ID : C3347447

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Deborah Scheuerell**

Mailing Address 452 S Leaf Ave

City

West Covina

State

CA

Zip Code

91791-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3347833

Amount of Each Receipt this Period

130.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Deborah Scheuerell**

Mailing Address 452 S Leaf Ave

City

West Covina

State

CA

Zip Code

91791-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2016

Transaction ID : C3347832

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Susan Schrand**

Mailing Address 6809 McCallum St

City

Philadelphia

State

PA

Zip Code

19119-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PA COALITION OF NP

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

06 / 06 / 2016

Transaction ID : C3347376

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan Schrand**

Mailing Address 6809 McCallum St

City

Philadelphia

State

PA

Zip Code

19119-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PA COALITION OF NP

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

06 / 06 / 2016

Transaction ID : C3347765

Amount of Each Receipt this Period

65.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Theodore Scott**

Mailing Address 1624 Crescent Knolls Gln

City	State	Zip Code
Escondido	CA	92029-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser-Permanente

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

**Transaction ID : C3347373**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Janet Selway**

Mailing Address 4512 Fait Ave

City	State	Zip Code
Baltimore	MD	21224-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : C3347391**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Janet Selway**

Mailing Address 4512 Fait Ave

City	State	Zip Code
Baltimore	MD	21224-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : C3347392**

Amount of Each Receipt this Period

130.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

655.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janet Selway**

Mailing Address 4512 Fait Ave

City State Zip Code  
Baltimore MD 21224-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2016

**Transaction ID : C3347168**

Amount of Each Receipt this Period

335.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sonya Shaw**

Mailing Address 146 N Timbercreek Cir

City State Zip Code  
Amarillo TX 79118-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Army

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

**Transaction ID : C3347803**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Marsha Siegel**

Mailing Address 2345 E Riding Club Rd

City State Zip Code  
Cheyenne WY 82009-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Veteran Affairs

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016

**Transaction ID : C3347745**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

835.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janet Sumner**

Mailing Address 2121 Quail Run Dr

City

Corinth

State

TX

Zip Code

76208-5347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkland Health & Hospital System

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : C3347174

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Janet Sumner**

Mailing Address 2121 Quail Run Dr

City

Corinth

State

TX

Zip Code

76208-5347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkland Health & Hospital System

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : C3347735

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Justin Waryold**

Mailing Address 74 E Shore Dr

City

Patchogue

State

NY

Zip Code

11772-8601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dix Hills Medical Associates

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 24 / 2016

Transaction ID : C3347181

Amount of Each Receipt this Period

130.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Linda Watkins**

Mailing Address 113 Pembroke Cir

City State Zip Code  
 Madison MS 39110-7902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept. Veterans Affairs

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 24 / 2016

**Transaction ID : C3347179**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Linda Watkins**

Mailing Address 113 Pembroke Cir

City State Zip Code  
 Madison MS 39110-7902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept. Veterans Affairs

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 25 / 2016

**Transaction ID : C3347125**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Linda Watkins**

Mailing Address 113 Pembroke Cir

City State Zip Code  
 Madison MS 39110-7902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept. Veterans Affairs

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 25 / 2016

**Transaction ID : C3347766**

Amount of Each Receipt this Period

65.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Veronica Wilbur**

Mailing Address 221 Willow Way

City

Lincoln University

State

PA

Zip Code

19352-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilmington University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

06 / 25 / 2016

Transaction ID : C3347137

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christine Williams**

Mailing Address 15701 Fernway Rd

City

Shaker Heights

State

OH

Zip Code

44120-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborhood Family Practice

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 25 / 2016

Transaction ID : C3347142

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

19486.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PERLMUTTER FOR CONGRESS**Mailing Address 3440 YOUNGFIELD STREET  
#264

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**EDWIN G PERLMUTTER**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

**Transaction ID : D174538**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RODNEY DAVIS FOR CONGRESS**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rodney Davis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

**Transaction ID : D174546**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
---------

3500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Karen Vickery**

Mailing Address 262 Bayview Dr

City	State	Zip Code
Eddyville	KY	42038-7317

Purpose of Disbursement  
Proceeds for Fitness Challenge Prize

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2016

**Transaction ID : D174667**

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00
--------

250.00
--------